TECHNICAL REPORT OF U.S. ARMY GROUND ACCIDENT For use of this form, see DA Pamphiet 385-40; the proponent agency is OCSA.						FOR USACRC USE ONLY REQUIR				EMENTS CONTROL SYMBOL CSOCS-308			
	100		SEC	TIOI	A.	ACCIDE	NT INFORMATI	ON					
CHECK ONE a. OR b. CH	UGINAL ANGE	UIC (Unit Identificati (6-Digit Code of Unit Accident) WH9	Having			HHC	IT NAME AND MILIT 501ST BSB, BLISS, TX. 79	1-1AD,	ESS (Accountable Unit)	3b. BR		AMOR	
a. YEAR b MONTH c. DAY Milliony Time)					ck on	Day	ACCIDENT OCCURRED (Check one) a On Post	INST	N POST NAME OF ALLATION/FACILITY	ACCIDENT OCCURRED DURING (Check one) a Combat			
10 WERE EXPLOSE INVOLVED (Car	VES OR AMMUNITION ISBI or Contributing Ro DA PAM 385-40)	The accide	nt tool sical F	of A k pla itnes	ccit	in the vi		o site) D Brigad /., FT. B	BLISS, TX 79916 de Combat Team F LISS, TX. 79916 DECORDINATES OR LAT			Bldg 20100	
12 NAME (Last First	L MI) KIA SHIQUION	1	SECT			ingly of the manner	NEL INFORMAT ION AT TIME OF (Check)	TON	28. CAUSE OF INJURY/C				
13 SOCIAL SECURI		14 DOB (YYYY)	MDD)	V	a.	Active Ar		a.	Struck Against	1 2	g.	Bodily Reaction	
()	0)(6)	(b)(6)			ь.	Army Civ	illan	b.	Struck By	+	h.	Overexertion	
	16 RANK OR GRA	DE 17 MOS OR			c.	Army Co	****	c	Fell from Elevation	1	L	Exposure	
a. Male	SGT/E5	JOB SERIES	5	H	d.		ect Contractor	d.	Fell from Same Leve	1	-	External Contact	
18a ADDRESS (Use	Official Address for All	Mulitary or Governmen	N.		e.	Nonappi	opristed Fund	e.	Caught In/ Under/	1	k.	Ingested	
Personnel) (# dil	lerent than Block 3, add	OIC)		H	1	(NAF)	S. Military	1	Between Rubbed/Abraded	+	1	Inhaled	
				H	g.	ROTC	J. (1) N. (1)	1.	28. BODY PAR	T(S) AFI	FECT		
18b. For injured Army Civilians or Contractors, enter home address				H	h.	Depende	ant.	la.	(Number in order of se Body (General)		Vo mo	ore then 3)	
			H	1.	NGB Tec	7000	b.	Head	+	+	Transport		
19a DUTY STATUS AT TIME 19b. IF OFF DUTY (# on leave/pess) OF ACCIDENT (Check one)		(88)	금	-			+ +	77	+	n.	Wrist		
On Duty	Leave	Date From			1	NGB IDT		C.	Forehead	-	0.	Hand	
Off Duty	Pass	Date To:			K.	NGB AT		d	Eyes	+	p.	Fingers	
FLIGHT STATUS		a. Yes 🗸 b	No	片	1.	NGB AD		e.	Nose	+	q.	Leg	
21a TIME BEGAN W		0800			m.	NGB AG		1.	Jaw	+	r.	Knee	
216 CONTINUOUS	**	0		ᆜ	n.	NGB AD	T	9	Neck	+	S	Ankle	
22 HRS. SLEEP IN	1077 - 11	8		Ш	0.	NG Activ	ated	h.	Trunk		t.	Foot	
23. DAYS LOST/RESTRICTED (not counting day of injury) a Hospitalized: 39 Days ROOM		IGENCY	Ш	ρ.	USAR ID	Т	L	Chest		u.	Toes		
b Not Hospitaliz		Town	Yes		q.	USAR AT	Ī.	I-	Heart	1	V.	Other (Specify)	
C Restricted Activity:	0	No. 1	No		r.	USAR A	OT	k.	Back				
25a OSHA 300 Log (Case Number:				5	USAR F	ГМ	L.	Shoulder				
25b Name of Physici	an/Health Care Provide	r:			L	USAR A	GR		30. TYPE OF II				
		lle, where was it given' Army Medical (u.	USAR A	tivated	a.	United the Control of		T	Puncture Wound	
2	North Piedras		Jent.		V.	Foreign I	Nat. Direct Hire	b	Burns (Thermel)		n.	Hernia, Rupture	
City EL P		State: TX. 7	9920		w	Foreign i	Nat. Indirect Hire	C.	Amputation		0.	Frostbite	
		Y (Check most severe)		X.	Foreign t	Val. KATUSA	d.	Decompression Sickness	1	p.	Heat Stroke	
✓ a. Fatal (C	ate of Death	20111213			y.	Foreign I	Mil. Attached to	e	Asphydation (Suffocation)		q.	Heat Exhaustion	
	nt Total Disability.	Person can never	egain		2.	Public	-may	t.	Fractures		r.	Noise	
c. Permane	nt Partial Disability	. Person loses or o	can		-	Not repo	ried	9.	Dislocation		s.	Injury/Illness Needle Stick	
d. Davs Aw	ain use a body part ay from Work. Per	son misses one or	more			1.5.1.500		h.	Abrasions	+	t.	or Sharp Loss of	
e. Restricte	bed rest/on quarted Work Activity. P	erson is temporarily	у						Concussion	-		Other (Specify)	
f. Medical	reatment Beyond	job transferdight duty/p First Ald. Loss of	profile	1				1.		-	4	Jules (obecity)	
consciou	sness, needle stick	, etc. ne-time treatment c ays.)	of	1				1.	Sprain/Strain	\dashv			
		ays)	-					k.	Cuts/Lacerations		_		
h. No Inlury	ka la								Contusion				

SECTION B - PERSO	DNNEL	INFOR	MATION (Continued)				COLA, I	DEM	1EKI	AS	HIQU	MOIL	l	
31. Person's action(s) at time of accid	ent (C/	neck on	e and explain in Block 32)											L
a. Soldiering		I. Patie	ent Care (People/Animals)		q.	Handling Animat			у. С	Coun:	sellng//	Adviso	ry	
b. Combat Soldiering		j. Test	/Study/Experiments		r.	Maintenance/Repair	r/Servicing		2. 5	Sports	5			
c. Physical Training		k. Edu	cational		S.	Fabricating			aa.	Hobi	bies			
d. Weapons Firing/Handling		I. Infor	mation and Arts		t.	Handling Material/P	assengers		bb.	Pass	senger			
e. Engineering or Construction		m. Foo	od and Drug Inspection		u.	Jankorial/Houseke Grounds Keeping	eping/		cc. I	Hum	an mov	/emen	t	
f. Communications		n. Lau	ndry/Dry Cleaning Services		v.	Food/Drink Prepara	itions		dd.	Hors	eplay			
g. Security/Law Enforcement		o. Pes	t/Plant Control		w.	Supervisory			ee.	Byst	anding	/spect	ating	
h. Fire Fighting		p. Ope	erating Vehicle or Vessel		x,	Office			ff. P	erso	nal Hy umptio	giene/	Food/D	lrink
gg. Parachuting (See Instructions	DA Pai	mphlet :	185-40)										and the same of th	
(1) Jumper Height			(7) Wind Direction/Speed	At			(15) Date 9			asic	alrborr	ne train	ning	
(2) Jumper Weight			Jump Height	1	Drop	Zone	(YYYYA	MUU)	le .					
(3) Type of Jump	***		(8) Jump Altitude				(16) Type of	f Aircr	afi					
(4) Parachute Type/Model			(9) Position in Stick											
(5) Equipment			(10) Door Exited				(17) Accided	nt fac	tors (r	arac	:hute):			
			(11) Time pre-jump condu	cted	à		(Explain	83 700	cossary	1)	District of the last of the la			
			(12) Date of Last Jump	War										
					_									
721 VAL 3 M 3			(13) Type of Last Jump											
(6) Wt. of Equipment			(14) Number of previous j	umps	£									
arrival was 105. Doctors state he the doctors were conducting pro and water available at the Army	ocedure	es to re	educe her temp and sta											
33. ON FIELD EXERCISE/NAMED OPER	RATION	34.	ACTIVITY PART OF TACTICA	AL	38.	REQUIRED PROTE	CTIVE EQUIP	MEN	TA	VAIL	ABLE?	US	ED?	
a. Yes (II YES, specify name of exercise/operation)			TRAINING?			CK APPROPRIATE	E BLOCK(S)			'ES	NO	YES	NO	N/A
b. No		1	(v) b. No	1		a. Seat belt			T					
35. Type of training facility being used	(Check	one)	Dec 2017			b. Restraint Syste	em .		1					
a. Garrison d	NTC		g. Std. range facility/live fire	,		c. Goggles/Glass		99////	1					
b. Local training area e.	JRTC		h. Other (Specify):			d. Gloves			1					
c. Major training area [] f.	СМТС			1	П	e. Ear plugs			1			1		Ī
36. Type of training participating in at the	e time of	accide	nt (Check/specify)	7	П	f. IBA			1	7	F	Ī	F	
a. School (Specify):						g. Other (Specify)	7							
b. UNIT- (1) Platoon		(2) (Crew (3) Individu	ıal		h. Helmet				7				
c. On-the-job training					(_)	DOT Approved (If N	dotorcycle)?		Yes		No		-	
d. Other (Specify): Army Phy	ysical J	Fitnes	s Test (APFT)		39a	INDIVIDUAL LICENSED TO OPERATE	395 MANDA				39c. M	ISF CE	RTIFIED	
37. Last time individual received training 31? (Check one)	Control of the Control	MATERIAL CONTRACTOR	AND THE PROPERTY OF THE PARTY O	ck		VEHICLE/EQUIPMENT	TRAINI	IING			-		201	
J a. 0 - 3 months		e. 1	- 2 years	一		☐ a. Yes ☐ b. No		. Yes			-] a. '	Yes No	
b. 3 - 6 months			ore than 2 years	\dashv		🔽 c. N/A	tf Yes.				If Ye	es.		
c, 6-9 months	Ti	g. Ne	ever	\dashv		ID ALCOHOL USE BY		AL CA	USE/C	THO			IS ACCI	DENT?
d. 9 - 12 months		+	ot applicable			heck one) b)(5)a. Yes BAC %	1	(b)(5) ^b	. No	(b)	(5)¢, l	Jaknow	m

d. Fear/excitement/anger j. Inadequate facilities e. Overconfident in own/others k. Inadequate services					
b)(5) b. Illegal (b)(5) c. Over-the-counter (b)(5) d. Supplements (b)(5) e. No. 42. Were vision enhancement devices being used? (Check appropriate block.) a. Yes (Specify type/model in c and d.)	one				
42. Were vision enhancement devices being used? (Check appropriate black.) a. Yes (Specify type/model in c and d.) b. No c. TYPE: d. MODEL: 43. Standard/Reference covering activity/task a. Soldier's Manual. (Task No.) b. CTT (Task No.) c. AR/TM/FM (Specify) AR 385-10 d. SOP 44. WAS ACTIVITY/TASK PERFORMED IAW STANDARD/REFERENCE? (Check one) (b)(5) a. Yes (b)(5) b. No (b)(5) 45. DID INDIVIDUAL MAKE A MISTAKE? (Check one) (b)(5) a. Yes (b)(5) 46. What was the mistake? How was the activity/task performed incorrectly? (Explain below.) The 1AD surgeon has confirmed that SGT Cola died (13 Dec 2011 Baylor University Medical Center) from complications (Explain below.) 47. Why was mistake made/activity performed incorrectly? (Check all that apply.) a. Inadequate school training (content/amount) b. Inadequate school training (content/amount) c. Inadequate unit training (content/amount) b. Inadequate unit training (content/amount) c. Inadequate unit training (content/amount) c. Inadequate on-the-job training (b)(5) d. Fear/excitement/anger e. Overconfident in own/others d. MODEL: d. MO	one				
a. Yes (Specify type/model in c and d) J. b. No C. TYPE: d. MODEL: 43. Standard/Reference covering activity/task a. Soldler's Manual (Tesk No.) b. CTT (Tesk No.) c. AR/TM/FM (Specify) AR 385-10 d. SOP 44. WAS ACTIVITY/TASK PERFORMED IAW STANDARD/REFERENCE? (Check one) (b)(5) a. Yes (b)(5) b. No (b)(5) 45. DID INDIVIDUAL MAKE A MISTAKE? (Check one) (b)(5) a. Yes (b)(5) 46. What was the mistake? How was the activity/task performed incorrectly? (Explain below.) The 1AD surgeon has confirmed that SGT Cola died (13 Dec 2011 Baylor University Medical Center) from complications (b)(5) 47. Why was mistake made/activity performed incorrectly? (Check all that apply.) a. Inadequate school training (content/amount) b. Inadequate school training (content/amount) c. Inadequate unit training (content/amount) b. Inadequate on-the-job training c. Inadequate on-the-job training d) (5) L. Effects of alcohol/drugs/illness b)(5) L. Inadequate facilities					
43. Standard/Reference covering activity/task a. Soldier's Manual (Task No.) b. CTT (Tesk No.) c. AR/TMFM (Specify) AR 385-10 d. SOP 44. WAS ACTIVITY/TASK PERFORMED IAW STANDARD/REFERENCE? (Check one) (b)(5) a. Yes (b)(5) b. No (b)(5) 46. What was the mistake? How was the activity/task performed incorrectly? (Explain below.) The 1AD surgeon has confirmed that SGT Cola died (£3 Dec 2011 Baylor University Medical Center) from complicity Stroke (Rhabdomylisis) 47. Why was mistake made/activity performed incorrectly? (Check all that apply.) a. Inadequate school training (content/amount) b. Inadequate unit training (content/amount) b. Inadequate on-the-job training d. Fear/excitement/anger e. Overconfident in own/others 48. DID INDIVIDUAL MAKE A MISTAKE? (Check one) (b)(5) a. Yes (b)(5) (c)(5) a. Yes (b)(5) (b)(5) (c)(6) (d)(6) (explain below.) (f)(6) (explain below.) (f)(6) (g) (g) (g) (g) (g) (g) (g)					
a. Soldler's Manual (Task No.) b. CTT (Task No.) c. AR/TM/FM (Specify) d. SOP 44 WAS ACTIVITY/TASK PERFORMED IAW STANDARD/REFERENCE? (Check one) (b)(5) a. Yes (b)(5) b. No (b)(5) 45. DID INDIVIDUAL MAKE A MISTAKE? (Check one) (b)(5) a. Yes (b)(5) 46. What was the mistake? How was the activity/task performed incorrectly? (Explain below.) The 1AD surgeon has confirmed that SGT Cola died (13 Dec 2011 Baylor University Medical Center) from complicity (Rhabdomylisis) 47. Why was mistake made/activity performed incorrectly? (Check all that apply.) a. Inadequate school trakning (content/amount) b. Inadequate unit training (content/amount) c. Inadequate on-the-job training d. Fear/excitement/anger e. Overconfident in own/others b. Inadequate spoices c. Verconfident in own/others c. Inadequate facilities b. Inadequate spoices					
b. CTT (Tesk No.) c. AR/TM/FM (Specify) d. SOP 44 WAS ACTIVITY/TASK PERFORMED IAW STANDARD/REFERENCE? (Check one) (b)(5) a. Yes (b)(5) b. No (b)(5) 45. DID INDIVIDUAL MAKE A MISTAKE? (Check one) (b)(5) a. Yes (b)(5) 46. What was the mistake? How was the activity/task performed incorrectly? (Explain below.) The 1AD surgeon has confirmed that SGT Cola died (13 Dec 2011 Baylor University Medical Center) from complications (b)(5) 47. Why was mistake made/activity performed incorrectly? (Check all that apply.) a. Inadequate school training (content/amount) b. Inadequate school training (content/amount) c. Inadequate on-the-job training d. Fear/excitement/anger e. Overconfident in own/others 1 Inadequate school training (b)(5) 1 Inadequate facilities 1 Inadequate school training (b)(5)					
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(b)(5) a. Yes (b)(5) b. No (b)(5) 46. What was the mistake? How was the activity/task performed incorrectly? (Explain below.) The 1AD surgeon has confirmed that SGT Cola died (13 Dec 2011 Baylor University Medical Center) from complications (b)(5) 47. Why was mistake made/activity performed incorrectly? (Check all that apply.) a. Inadequate school training (content/amount) b. Inadequate unit training (content/amount) c. Inadequate on-the-job training d. Fear/excltement/anger e. Overconfident in own/others (b)(5) (b)(5) (c)(5) (d. Fear/excltement/anger e. Overconfident in own/others					
The IAD surgeon has confirmed that SGT Cola died (13 Dec 2011 Baylor University Medical Center) from complications (b)(5) 47. Why was mistake made/activity performed incorrectly? (Check all that apply.) a. Inadequate school training (content/amount) b. Inadequate unit training (content/amount) c. Inadequate unit training (content/amount) d. Fear/excitement/anger e. Overconfident in own/others b. Inadequate services b. Inadequate services b. Inadequate services b. Inadequate services c. Overconfident in own/others c. Inadequate services b. Inadequate services c. Inadequate in own/others c. Inadequate services	b. No				
Stroke (Rhabdomylisis) 47. Why was mistake made/activity performed incorrectly? (Chack all that apply.) a. Inadequate school training (content/amount) b. Inadequate unit training (content/amount) c. Inadequate on-the-job training d. Fear/excitement/anger e. Overconfident in own/others (b)(5) (b)(5) (c) (b)(5) (c) (d) (e) (finadequate facilities (b)(5) (b)(5) (c) (d) (e) (finadequate facilities (b)(5) (e) (finadequate services					
47. Why was mistake made/activity performed incorrectly? (Check all that apply.) a. Inadequate school training (content/amount) b. Inadequate unit training (content/amount) c. Inadequate on-the-job training d. Fear/excitement/anger e. Overconfident in own/others 47. Why was mistake made/activity performed incorrectly? (Check all that apply.) g. Poor/bad attitude/indiscipline h. Lack of rest/sleep n. Improper supervision o. Other (Spacily in narrative)	ations of Heat				
a. Inadequate school training (content/amount) b. Inadequate unit training (content/amount) c. Inadequate on-the-job training d. Fear/excitement/anger e. Overconfident in own/others g. Poor/bad attitude/indiscipline h. Lack of rest/sleep n. Improper supervision o. Other (Spacify in narrative)					
a. Inadequate school training (content/amount) b. Inadequate unit training (content/amount) c. Inadequate on-the-job training d. Fear/excitement/anger e. Overconfident in own/others g. Poor/bad attitude/indiscipline h. Lack of rest/sleep n. Improper supervision o. Other (Spacity in narrative)					
b. Inadequate unit training (content/amount) c. Inadequate on-the-job training d. Fear/excitement/anger e. Overconfident in own/others h. Lack of rest/sleep n. Improper supervision o. Other (Spacity in narrotive) j. Inadequate facilities k. Inadequate society k. Inadequate society k. Inadequate society h. Lack of rest/sleep n. Improper supervision o. Other (Spacity in narrotive)					
c. Inadequate on-the-job training d. Fear/excitement/anger e. Overconfident in own/others l. Effects of alcohol/drugs/illness b)(5) j. Inadequate facilities b. Inadequate sociles	edures (AR. TM SOP)				
c. Inadequate on-the-job training d. Fear/excitement/anger e. Overconfident in own/others Effects of alcohol/drugs/illness I. Effects of alcohol/drugs/illness J. Inadequate facilities I. Inadequate services I. Inadequa					
d. Fear/excitement/anger j. Inadequate facilities e. Overconfident in own/others k. Inadequate services					
e. Overconfident in own/others					
f. In a hurry					
48. Time licensed on this vehicle (Check one) 49. Total AMV driving mileage (Check one) 50a. Total time in unit (Check one)					
a. Less than one year a Less than 1,000 miles Less than 6 months					
b. One to two years b. 1,000 - 5,000 miles 6 months - 1 year					
c. Over two years c. 5,000 - 10,000 miles Over one year					
d. Unlicensed d. Over 10,000 miles 50b. Date Assigned/Hired 50c. D	Date of redeployment				
51. WHICH ITEM FROM SECTION C APPLIES TO THE INDIVIDUAL NAMED IN BLOCK 12? (This is needed in order to relate the person in Block 12 to the equipment/vehicle below.)	rom combat zone, f applicable ryyyymmoo) 20100812				
SECTION C - PROPERTY/MATERIEL INVOLVED (Whether Damaged or Not)					
ITEM A ITEM B IT	тем с				
52. Type of item					
53a. Model number					
b. Serial number					
54. Ownership (DoD, DA, POV, Unit Person)					
55. Dollar cost of damage.					
56. Rollover protection system installed?	□ No □ NA				
57, Was this item being towed?	□ No □ NA				
58. If towed, enter letter for item doing towing.					
59. Types of collision codes (Pick up to three from list below and enter in blocks.) (In sequence)					
Types of Collisions 1- Going forward and collided with moving vehicle 2- Going forward and collided with parked vehicle 3- Collision while backing 4- Collision with pedestrian 5- Collision with object (other than vehicle/pedestrian) 6- Overturned 7- Ran off the road 9- Jackknifed 9- Going forward and rear-ended moving vehicle Going forward and rear-ended parked vehicle 10- Collision with object (other than vehicle/pedestrian) 11- Collision while turning					

SECTION C -	PROPERTY/MATE	RIEL INVOLVED	(Whether Damaged or I	Not) (Continued	CC	OLA, DEMEKIA SHIQ	UION		
60. Componer	VPart that Falled/M	alfunctioned (Comp	lete this section if a materiel	lailure/malfunctio	n caused/contribut	ed to the accident)			
			ITEM A		ITEM B	r el	TEM C		
a. National Sto	ock Number								
b. Part Numbe	r								
c. Describe Pa	ırt								
d. Manufacture	er's Identification Co	de							
e. EIR/QDR N	umber								
"How" list b	Part Malfunctioned (: elow and enter in fir " list and enter in se	st block; select	HOW W	/HY I	HOW	WHY HOW	WHY		
	Failed/Malfunction				Why Part Failer	d/Malfunctioned Codes:	1		
2 - Froze (3 - Obstructure) 4 - Vibrate 5 - Rubbed 6 - Corrodo	l/worn/frayed ed/rusted/pitted essured/burst	10 - ed 11 - 12 - 13 - 14 - 15 -	Twisted/lorqued Compressed/hit/punctu Bent/warped Sheared/cut Decayed/decomposed Electric current action Unknown/Other k - Not Reported	ared		naintenance nanufacture of equipment vritten procedures (AR, TM ervision	I, SOP)		
5 - Pulled/	stretched		S CONTRACTOR CONTRACTOR						
			CTION D - ENVIRONMEN		DIVERSE AND THE				
	CAUSED/		conditions present and indic	1	caused/contributed		Control of		
PRESENT	CONTRIBUTED		ONDITION	PRESENT	CONTRIBUTED	CONDITION			
\square	4	a. Clear/dry; visibi	ity unlimited		-	k. Wind gust/turbulence	- W- 03		
	-	b. Bright, glare			-	I. Vibrale, shimmy, sway, shake			
	c. Dark, dim		S190		<u>\$</u>	m. Radiation, laser, sunlight			
	-	d. Fog. condensat	ion, frost		4	n. Holes, rocky, rough, rulted, uneven			
	e. Mist, rain, sleet,		hall		(b)(5)	a Inclined/steep			
		f. Snow, ice				p. Slippery (not due to precipitation)			
	4	g, Dust, fumes, ga	sses, smoke, vapors			q. Air pressure (bands decompression altitude hypoxial) r. Lightning, static electricity, ground s. Other (Specify)			
		h. Noise, bang, sta	ntic						
		I. Temperature/hu	midity (cold. heat)						
		J. Storm, hurricane	, tornado						
230.10		SECTION E - ACC	DENT DESCRIPTION/NA	RRATIVE (From	Blocks 10, 46, 4	7, 61 and 62)			
	ormation in accorda		m on letter size paper, the f 85-40, paragraph 4-4,	acts, conditions, a	and circumstances	as established during the in	vestigation and		
	200 U 20								
64a. PRINTED	TYPED NAME OF F	ERSON COMPLET	ING THIS REPORT	64b. RANK	64c. TITLE	Lander of the Control			
22.2	(b)(6)			(b)(6)	TA	CTICAL SAFETY SPI	CIALIST		
64d. SIGNATU	RE		64e. DATE OF SIGNATURE	64f. TELEPHO					
			(YYYYMMDD)		DSN: (b)(6)				
				64g. EMAIL AD		(6) @mail.mil			
					(b)	(O) (Eginati, iiii			

SECTION F - CORRECTIVE ACTION	N AND	COMMAN	D REVIEW			C	OLA, DEMEK	IA SHIQUION	
 The investigation board will formulate the finding paragraph 4-3. 	gs and re	ecommend	ations on let	ter sized paper in	accordance	wit	h the examples cor	ntained in DA PAM 385-40,	
66a. PRINTED/TYPED NAME OF COMMANOER					66b. RANK				
		(b)(6)					(b)(l	6)	
6c SIGNATURE			66d	DATE OF	66e. TELEF	PHC			
PC5				SIGNATURE (YYYYMMDD)			(b)(6	5)	
PCS				(TITTMMUU)	66f, EMAIL	AD			
							(b)(6)	@mail.mil	
a. TYPED NAME/EMAIL ADDR		b, SIG	SNATURE			c TITLE	d. RANK/DATE		
7.									
в.									
9.									
	1	SECTION	G - SAFET	Y OFFICE USE O	ONLY				
0. LOCAL REPORT NO.				71. ARMY HEAD	DQUARTERS				
CAI 20111103170	15					_	FORSCOM		
2. ACCIDENT TYPE (Check choice)	1=	_			Te				
a. Army Motor Vehicle		h. Other/	Army Vehicle	Ė	o. Personal Injury - Other				
b. Army Combat Vehicle		I. Fire			e - Other				
c. Army Operated Vehicle		}. Chemic	cal Agent		cial Buşiness				
d. POV - Not on Official Business		k. Explosi	ive						
e. Marine Diving		I. Missile	E.				s. Commercial C	arrier/Transportation	
f. Marine Underway		m. Radia	alion				The state of	THE PARTY OF THE	
g. Marine Not Underway		n. Nuclea	ar						
3. NAME OF SAFETY POINT OF CONTACT (POC)				74a. PHONE NO (DSN, Com	D. OF SAFETY omercial, etc.) (b)(6))	FFICER POC	75. DATE REPORT COMPLETED BY SAFETY OFFICER	
(b)(6)				74b. EMAIL ADD	DRESS			(YYYYMMOD)	
(47(-7)					(b)(6)		@mail.mil		
THE SECTION ALTON ALTON	-			SIVES/AMMUNI		_	17712	TENA.	
6. EXPLOSIVE/AMMUNITION INFORMATION:	+	ITEM	1	ITEM 2	2	_	ITEM 3	ITEM 4	
a. LOT#									
	+					_			
OUANTITY									
. NET EXPLOSIVE WEIGHT (NEW)									
d. DoDIC/DoDAC									
7. SPECIAL INTEREST	1					_			

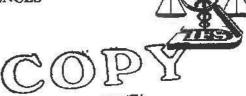


Case: 1FS-11-18576 - ME

SOUTHWESTERN INSTITUTE OF FORENSIC SCIENCES AT DALLAS

Office of the Medical Examiner

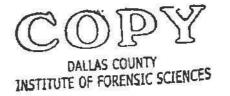
Autopsy Report



DALLAS COUNTY
INSTITUTE OF FORENSIC SCIENCES



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